

**Secure Medicine Subcommittee
Chinook Room 124
Meeting Notes
2 p.m. – 4 p.m.
August 29, 2012**

Membership:	Staff:
Joe McDermott, Subcommittee Chair	Jennifer Muhm, Public Health
David Baker, Suburban Cities Association	Maria Wood, Board of Health Administrator
Bud Nicola, Health Professional	Margaret Shield, LHWMP
Richard Conlin, City of Seattle	Anne Burkland, Chair's Personal Staff
David Fleming, Director & Health Officer	
	Doreen Booth, Suburban Cities Association
Invited Guests:	Erik Sund, King County General Staff
Inga Manskopf, Seattle Children's Hospital	Jerry DeGriek, City of Seattle
Terri Helm-Remund, School Nurse Organization of Washington	
Paula Matthyse, Eastside Community Network	
Joel Hadfield, NW Association of Pharmacies	
Jenny Arnold, WA State Pharmacy Association	
Bill Struyk, Johnson & Johnson	

Process overview:

- Chair McDermott outlined the subcommittee process, mentioning the stakeholders that have presented to the subcommittee at previous meetings.

Paula Matthyse

- The reality of kids thinking prescription drugs are safe. Played an audio clip of teenagers talking about how prescription drugs are safe – safer than drugs on the street. The individuals talked about how the drugs gave them the edge they needed.
- Over prescribing is a real issue in our country. Each system has a responsibility to help address the problem.

Inga Manskopf

- Cited a study by the UW that showed substance abuse treatment admissions are increasing, specifically for teenagers. There are limited treatment options for teens. Studies also show that teenagers obtain prescription drugs from friends, at homes or their own prescriptions.
- Prescription drugs are increasingly seen as a gateway drug to heroin use. Prescription drugs are expensive, so they move on to heroin because it's cheaper.
- A multi-faceted approach is needed. A lot is being done including education, monitoring of prescriptions and legal enforcement, but a secure medicine return program is the final missing link.
- The popularity of the DEA's take back days shows the need and people's desire to return their medicines in a safe way.

Terri Helm-Remund

- Provided statistics on accidental death from poisoning, including those from prescription medicine
- Prescription drugs are a gateway drug; 39 percent of heroin users cite starting with prescription drugs.

Jenny Arnold

- Opiate deaths are rising across the country. But it's not just controlled substances that can lead to health problems, points to healthy teenagers drinking unused cough syrup.
- KC Medic One responds to 50 percent more opiate overdoses than heart attacks.
- The average age of those being admitted to rehab is declining
- It makes sense to take back meds at pharmacies, but the DEA rule change makes this nearly impossible.
- Funding take back programs is a challenge

Joel Hadfield

- We need to reduce pollution. To do this, we need to create and live with rules.
- For those abusing drugs, it's about their life situation. But if the chemical is easily accessible, it will not help those addicted get healthy.
- It would make sense and affordable to return unused drugs to wholesalers.
- Every pill dispensed is tracked, so that data could be used to determine what drug company should be paying too much.

Bill Struyk

- Johnson & Johnson appreciates the goal of reducing prescription drug abuse, but would like to effectively achieve that goal. There is a need for education and awareness, which Johnson & Johnson supports.
- A return program before the DEA rule change is problematic. DEA take back days will help fill the void during the interim.
- European take back programs have not realized the effects they had hoped.
- There is a need for people to take personal responsibility. The more accessible and the easier to use, the more useful a take back program will be.

Next steps, agenda building for future meetings

- Chair's office will try to set up a conference call with subcommittee members and program director from the B.C. program.
- Question for PAO: do we have the authority to do anything related to cost?
- Boardmember Conlin stated that there is clearly a problem and that any program created needs to guarantee access to all, and have voluntary participation
- Boardmember Nicola concurred there is a problem that needs a solution and that pharmacies as a take back location should be considered and with an accompanying educational component. Asked if the BOH should consider a resolution requesting the DEA to release their final rulemaking related to controlled substances and take back programs.
- Boardmember Baker made a statement that developing a cost cap for a take back program is important.
- Boardmembers made an agreement to talk with their fellow board of health members in their respective categories (county, Seattle, suburban cities, health professionals) about secure medicine return.